2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 07, 2001 8:00 am Secretary of State **DOCUMENT #** F00000004248 1. Entity Name MSK PRECISION PRODUCTS, INC. 08-07-2001 90013 036 ***550.00 Principal Place of Business Mailing Address 1400 FIRST FEDERAL PLAZA 1400 FIRST FEDERAL PLAZA **ROCHESTER NY 14614 ROCHESTER NY 14614** 2. Principal Place of Business 3. Mailing Address 4100 130 ALBERT ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1588698 Not Applicable \$8.75 Additional 5. Certificate of Status Desired MONROE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSD☐ Delete TITLE BRINKMAN, ROBERT J. 130 ALBERT STREET NAME BRINKMAN, ROBERT NAME STREET ADDRESS 1430 ALBERT STREET STREET ADDRESS ROCH ESTER, N.Y. 14606 CITY-ST-ZIP **ROCHESTER NY 14614** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition DAGGAR, PHILIP NAME DAGGAR, PHILIP B NAME 130 ALBERT ST. ROCHESTER N.Y. 14606 STREET ADDRESS 1430 ALBERT STREET STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY 14614** CITY-ST-ZIP TITLE ☐ Delete TITLE **№** Addition ANDREW J' LAWIAK NAME NAME. STREET ADDRESS 130 ALBERT ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROCHESTER, N.Y. 14606 TITLE ☐ Delete TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered in execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP